

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000005322**

1. Entity Name  
**MULTIPRODUCTS, CORP.**



Principal Place of Business

**3481 NW 48 ST  
MIAMI, FL 33142**

Mailing Address

**3481 NW 48 ST  
MIAMI, FL 33142**

**DO NOT WRITE IN THIS SPACE**



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**55-0855817**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALFONSO, JULIO M  
12718 NW 8 LANE  
MIAMI, FL 33182**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1000000474539  
04/04/06-80027-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PO
NAME	ERMINY, ANTONIO J.
STREET ADDRESS	1620 SW 87 PLACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VO
NAME	BARDELLA, RICARDO E
STREET ADDRESS	1620 SW 87 PLACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	STD
NAME	ALFONSO, JULIO M
STREET ADDRESS	12718 NW 8 LANE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-3-06**

**305 596 1281**